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CONFIRMATION NO. 8313

<b>SERIAL NUMBER</b> 09/625,792	<b>FILING OR 371(c) DATE</b> 07/26/2000 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 02581-P0316A	
<b>APPLICANTS</b> Hartmut Boche, Immenstaad, GERMANY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 199 34 976.2 07/26/1999 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/13/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 24126					
<b>TITLE</b> MEDICAL INSTRUMENT WITH A NON-CONTACT READABLE DATA CARRIER					
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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